

SERFF Tracking Number: UHLC-127684513 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company of the River Valley State Tracking Number: 49940  
Company Tracking Number: UHC AR COC ASD AMD 9/11  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO  
Product Name: UHC AR COC ASD AMD 9/11  
Project Name/Number: UHC AR COC ASD AMD 9/11/UHC AR COC ASD AMD 9/11

## Filing at a Glance

Company: UnitedHealthcare Insurance Company of the River Valley

Product Name: UHC AR COC ASD AMD 9/11 SERFF Tr Num: UHLC-127684513 State: Arkansas  
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved State Tr Num: 49940  
Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: UHC AR COC ASD State Status: Approved-Closed  
AMD 9/11

Filing Type: Form

Reviewer(s): Donna Lambert  
Author: Kelly Smith Disposition Date: 10/18/2011  
Date Submitted: 10/04/2011 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/18/2011

State Filing Description:

## General Information

Project Name: UHC AR COC ASD AMD 9/11 Status of Filing in Domicile: Not Filed  
Project Number: UHC AR COC ASD AMD 9/11 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Large  
Group Market Type: Employer Overall Rate Impact:  
Filing Status Changed: 10/18/2011  
State Status Changed: 10/18/2011 Deemer Date:  
Created By: Kelly Smith Submitted By: Kelly Smith  
Corresponding Filing Tracking Number: UHC AR COC ASD AMD 9/11  
PPACA: Not PPACA-Related  
PPACA Notes: null  
Filing Description:  
Amendment to UHC ARKANSAS PPO COC 8-10 for Autism mandate, effective 10/1/11

## Company and Contact

### Filing Contact Information

Kelly Smith, Manager RGA Kelly\_Smith@uhc.com  
800 King Farm Blvd. 240-632-8061 [Phone]

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Suite 500  
Rockville, MD 20850

### Filing Company Information

UnitedHealthcare Insurance Company of the River Valley 1300 River Drive, Suite 200 Moline, IL 61265 (309) 765-1485 ext. [Phone]	CoCode: 12231  Group Code: 707 Group Name: FEIN Number: 20-1902768	State of Domicile: Illinois  Company Type: Health State ID Number:
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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company of the River Valley	\$50.00	10/04/2011	52442033

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/18/2011	10/18/2011

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## Disposition

Disposition Date: 10/18/2011  
Implementation Date: 11/18/2011  
Status: Approved  
HHS Status: HHS Approved  
State Review: Reviewed-No Actuary  
Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Supporting Document	Cover Letter - UHC AR COC ASD AMD 9/11	Approved	Yes
Form	UHC AR COC ASD AMD 9/11	Approved	Yes

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## Form Schedule

Lead Form Number: UHC AR COC ASD AMD 9/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
<b>Status</b>							
Approved 10/18/2011	UHC AR COC ASD AMD 9/11	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	UHC AR COC ASD AMD 9/11	Initial		56.300	Amend-INS- 2007-ASD- River Valley.pdf

**UnitedHealthcare Insurance Company of the River Valley**

**AUTISM SPECTRUM DISORDERS AMENDMENT TO  
CERTIFICATE OF COVERAGE  
FORM NUMBER UHC ARKANSAS PPO COC 08-10**

**ARTICLE 1 – Definitions section is amended by adding new definitions 1.49, 1.50, 1.51 and 1.52:**

- 1.49 **Applied Behavior Analysis** - the design, implementation, and evaluation of environmental modifications by a board-certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.
- 1.50 **Autism Services Provider** - a person, entity, or group that provides diagnostic evaluations and treatment of autism spectrum disorders, including licensed physicians, licensed psychiatrists, licensed speech therapists, licensed occupational therapists, licensed physical therapists, licensed psychologists, and board-certified behavior analysts;
- 1.51 **Autism Spectrum Disorder** - any of the pervasive developmental disorders as defined by the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders", including:  
(A) Autistic disorder;  
(B) Asperger's disorder; and  
(C) Pervasive developmental disorder not otherwise specified;
- 1.52 **Board-Certified Behavior Analyst** - an individual certified by the nationally accredited Behavior Analyst Certification *Board*, a nationally accredited nongovernmental agency that certifies individuals who have completed academic, examination, training, and supervision requirements *in applied behavior analysis*.

**ARTICLE 5 – Schedule of Benefits is amended by adding the following Sections 5.35:**

- 5.35 Benefits are available for the evaluation and treatment of Autism Spectrum Disorder for children under (18) years of age, shall be covered subject to the provisions of Attachment D, Article 6, and this section. Treatment includes: (A) The following care prescribed, provided, or ordered for a specific individual diagnosed with an Autism Spectrum Disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation: (i) Applied behavior analysis when provided by or supervised by a Board Certified Behavior Analyst; (ii) Pharmacy care; (iii) Psychiatric care; (iv) Psychological care; (v) Therapeutic care; and (vi) Equipment determined necessary to provide evidence-based treatment; and (B) Any care for an individual with autism spectrum disorder that is determined by a licensed physician to be: (i) Medically necessary; and (ii) Evidence-based.



By: \_\_\_\_\_  
**President**

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification	Approved	10/18/2011
<b>Bypass Reason:</b> Flesch score of 56.3 is noted in the cover letter		
<b>Comments:</b> UHC AR COC ASD AMD 09-11 - Flesch Score of 56.3		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved	10/18/2011
<b>Bypass Reason:</b> not Applicable		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved	10/18/2011
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter - UHC AR COC ASD AMD 9/11	Approved	10/18/2011
<b>Comments:</b>		
<b>Attachment:</b> UHC AR COC ASD AMD 9-11 CLtr.pdf		



October 4, 2011

Ms. Rosalyn Minor  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company of the River Valley  
NAIC No. 12231

UHC AR COC ASD AMD 09-11

Dear Ms. Minor,

On behalf of UnitedHealthcare Insurance Company of the River Valley, please accept the above reference group health form for your Department's review and approval. This amendment is filed to incorporate Autism Spectrum Disorder Mandate language into the Certificate of Coverage, UHC ARKANSAS PPO COC 08-10. UnitedHealthcare Insurance Company of the River Valley understands that we may not issue this form until it is approved by the Department.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Score</u>
UHC AR COC ASD AMD 09-11	Autism Spectrum Disorder Amendment	56.3

If you have any questions or concerns regarding this filing, please feel free to contact me.

Sincerely,

Kelly Smith  
Manager, Regulatory Affairs

Phone: 240-632-8061  
kelly\_smith@uhc.com